



## NORTHWEST ARCTIC BOROUGH SCHOOL DISTRICT

Ambler · Buckland · Deering · Kiana · Kivalina · Kobuk · Kotzebue · Noatak · Noorvik · Selawik · Shungnak  
PO Box 51 · Kotzebue, Alaska 99752 · Phone (907) 442-1800

### **In-District Transfer Student Enrollment Packet**

Dear Parents/Guardians:

Greetings and welcome to our school! This packet contains the following:

#### **Student Registration**

Please be sure to sign and date this form. **Providing the school with emergency contact numbers are especially important.**

#### **Health Care Emergencies**

Authorization for emergency health care is vital. We may not be able to reach you if your child is ill or injured and needs medical attention.

#### **Permission to Publish**

Permission to publish gives the District permission to share pictures and video of students and their work electronically.

#### **(FERPA) Release and Disclosure**

This form addresses the release of directory information regarding your child. If you give permission to release information, you do **not** have to complete this form. The Parent/Student Handbook includes additional FERPA (Family Educational Rights and Privacy Act) information form.

Please return all forms to your school secretary, thank you!



# NWABSD STUDENT REGISTRATION FORM

**Parents, please turn in all paperwork to your school!**  
Fax: 866-929-1167  
Email: registrar@nwarctic.org

Name of school: \_\_\_\_\_  
Student's grade level: \_\_\_\_\_  
First day in school: \_\_\_\_\_  
*One day wait before attending? (circle) Y N*

## STUDENT INFORMATION

Student's **LEGAL** name: \_\_\_\_\_

Last First Middle

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Inupiaq name: \_\_\_\_\_ Gender: **MALE / FEMALE**

Last school attended, city, state: \_\_\_\_\_ Grade level: \_\_\_\_\_

Student cell phone: \_\_\_\_\_ Student email: \_\_\_\_\_

Is the student Hispanic or Latino? (please circle): **YES / NO**      **Copies on file?** Birth Cert  Immunizations

Please circle the race(s) that you wish to identify (circle all that apply):    **African American**    **American Indian**    **Alaska Native**  
**Asian**    **Caucasian**    **Native Hawaiian/Pacific Islander**

## PARENT/GUARDIAN INFORMATION

Name: _____	Name: _____
Relationship to student: _____	Relationship to student: _____
Home phone: _____	Home phone: _____
Work phone: _____	Work phone: _____
Cell phone: _____	Cell phone: _____
Email: _____	Email: _____

Mailing address: \_\_\_\_\_ Physical address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION (LOCAL)

Name	Relationship to student	Phone number

## OTHER CHILDREN IN THE HOUSEHOLD

Name	Grade	Name	Grade

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## HEALTH CARE EMERGENCIES

Parents/Guardians:

If an accident or illness occurs, the Northwest Arctic Borough School District will attempt to notify the parent/guardian. If we cannot reach you, we will attempt to notify the alternate emergency contact that you provide. However, please complete the following Authorization for Emergency Medical Treatment. This authorization can be used to obtain emergency medical care for your child in the event you cannot be reached.

### ***AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT***

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, consent to emergency transportation, medical treatment, care or hospitalization as deemed necessary for the welfare of my son/daughter by the local health care provider, in the event an injury or illness occurs while my son/daughter is at school or a school sponsored activity. I understand that the School District will assume no liability or costs for such emergency transportation and medical treatment.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Revised: July 2015

MISSION: To provide a learning environment that inspires and challenges students and employees to excel  
VISION: To graduate all students with the knowledge, skills, and attitudes necessary for a successful future



## NORTHWEST ARCTIC BOROUGH SCHOOL DISTRICT Permission to Publish Media Release Form

Dear Parent/Guardian,

As part of your son's/daughter's educational program, (s)he will have the opportunity to:

1. Create and publish documents and projects on the internet such as a story, book or poem, a graphic, a science or research project, or a collaborative project with other students locally or regionally and
2. Participate in a wide range of activities such as clubs, school assemblies, sports, performances, academic contests including but not limited to spelling bees, science fair, and Battle of the Books

These are exciting and memorable moments for both your student and school. Student work, photos and video are commonly taken to be used in various forms of media for the purpose of recognizing student achievement and promoting pride in the school district and community.

The Northwest Arctic Borough School District will publish these items only with your written permission.

Without permission, the student cannot appear in any class pictures, team photos, or any other school pride promotions or have any of their work published. Please note that all District students may have their likeness appear in certain school sponsored or approved productions, including broadcasts of sporting events or in group photographs.

Thank you for your support.

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**Student Name:**

**Please initial one of the options below:**

\_\_\_\_\_ **I GRANT** NWABSD permission to publish my child's name, student work, photographs, voice and/or video recordings in Northwest Arctic Borough School District print media, social media, website and the use, editing and release to local newspapers (i.e. The Arctic Sounder) and radio stations (i.e. KOTZ Radio).

\_\_\_\_\_ **I DO NOT GRANT** NWABSD permission to publish my child's name, student work, photographs, voice and/or video recordings in Northwest Arctic Borough School District print media, social media, website and the use, editing and release to local newspapers (i.e. The Arctic Sounder) and radio stations (i.e. KOTZ Radio).

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**Parent/Guardian Signature**

**Date**

**NORTHWEST ARCTIC BOROUGH SCHOOL DISTRICT**

P.O. BOX 51  
KOTZEBUE, ALASKA 99752  
TELEPHONE (907) 442-1800 ♦ Fax (907) 442-2392

**RELEASE AND DISCLOSURE**

(Directory Information Board Policy 5125.1)

The **Family Educational Rights and Privacy Act (FERPA)**, a federal law, requires the District, with certain exceptions, to obtain your consent prior to disclosing personal information from your student’s education records. The law recognizes, though, that schools often desire to publish student information, for example, to recognize students through awards or athletic programs. Additionally, outside organizations such as colleges, legislators, the military, and vendors for items such as photographs or class rings, often seek contact information for students. To meet this need, FERPA allows the District to designate as “directory information” any personally identifiable information in a student’s educational records that would not generally be considered harmful or an invasion of privacy if disclosed. School officials may release directory information about a student without first obtaining parental consent, unless you object by returning this form.

The District has identified the following information as directory information: student name, address, telephone number, date and place of birth, major field of study, dates of attendance, degrees and awards received, name of school most recently attended, participation in officially recognized activities and sports, and height and weight of athletic team members. This list is found at Northwest Arctic Borough School District Board Policy, Article 5, section 5125.1. A copy of this policy is available for review in the office of all our schools, or on the District’s website ([www.nwarctic.org](http://www.nwarctic.org)).

In two instances, the District is required by law to release certain contact information regarding junior and senior high school students, unless you object. First, the District is required to provide to the University of Alaska the names and addresses of those students eligible for UA scholarship programs. Second, upon receiving a request from military recruiters and/or institutions of higher learning, the District must provide names, addresses, and telephone listings.

If you do not want the District to disclose directory information from your student’s education records during this school year, you must notify the District, in writing, by returning this form. If you have no objections to the release of directory information, you do not need to take any action.

Thank you for your cooperation.

I Do **NOT** give permission for the release of directory information regarding my child. (For parents of junior and senior high school students, this form also prevents release of phone numbers and other contact information to military recruiters and/or postsecondary educational institutions.)

Student Name \_\_\_\_\_

Teacher \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_